

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION****ATTORNEY CERTIFICATION FOR NO LIABILITY STIPULATIONS**

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Social Security Number	Date of Injury
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As counsel of record for the employee in the above referenced claim(s), I, \_\_\_\_\_, hereby certify and affirm my claim for reimbursable expenses is permitted by Rule 1.8(e) of the Georgia Rules of Professional Conduct and Board Rule 108 and that I am charging a fair and reasonable fee to my client which does not exceed 25% as allowed by O.C.G.A. § 34-9-108 and Board Rule 108 as they apply to the alleged accident date(s) of :

This \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_ .  
 (Day) (Month) (Year)

Print Name	Address	
Signature		
Telephone Number	City	
GA Bar Number	State	Zip Code

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwg.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).